

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582951

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3			3	0		
4						
5						
6						
7						
8			1	0		
9						
10			1	0		
11						
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21						
22						
23						
24						
25						
26		1				
27						
28						
29						
30						
31			1	0		
32	/					
33		/				
34		/				
35	3					
36	1					
37						
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45	1					
46	1					
47	1					
48	1					
49	1	0				
50	1	0				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
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63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69	1					
70		1				
71		2				
72		2				
73		2				
74		1				
75	1					
76	1					
77		1				
78		2				
79		1				
80		1				
81		1				
82		1				
83	1					
84	1					
85		2				
86		2				
87		2				
88		1				
89		1				
90					1	
91					1	
92					1	
93					1	
94					1	
95					1	
96					1	
97					1	
98					1	
99					1	
100					1	
TOTAL IND.					1	
TOTAL DEP.					1	
TOTAL CLAIMS					12	

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101			/			
102			/			
103			/			
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150						
TOTAL IND.			/			
TOTAL DEP.			5			
TOTAL CLAIMS			6			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
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199						
200						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						